THESE TO LINE
Approved for the incough of ALIZONS (AMB 0.5) 4037
Semark Office, U.S. DEPARTMENT OF STANDARD OF

Date January 23, 2007

Lia	der the Paperwo	rk Reduction Act of .	995 no persons a	ne required to respond			iva a valsů OMB control muiber	
From procurate in the Commissional Appropriations Act, 2003 (EEE 4818).					Complete if Known Application Number 19/849,495			
FRET	SMIT	TAI	Application	Application Number				
		8. 2. 8. 8. 2	Filing Date	Filing Date		May 4, 2001		
	2006		First Named	First Named Inventor		Dems KHOO et al.		
				Examiner N	Examiner Name		Khanh H. LE	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	Art Unit		3632	
Total Amount of Payment \$695.00				Attorney De	Attorney Docket No.		6000-005-52	
METHOD OF P.	AYMENT	(check al) that	apply)					
□ Check □ Credit Card □ Money order □ None □ Other tylease identify: □ Deposit Account Name: 59-3266 Deposit Account Name: □ Charge feets) indicated below □ Charge feets) indicated below, except for the filling fee □ Charge additional feets) or underpayments of feets) under 37 CFR □ Credit are diversion on the first or the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling fee □ Charge feets) indicated below, except for the filling feets □ Charge feets) indicated below, except for the filling feets □ Charge feets) indicated below, except for the filling feets □ Charge feets) indicated below, except for the filling feets □ Charge feets) indicated below, except for the filling feets □ Charge feets) indicated below, except for the filling feets □ Charge feets) indicated below, except for the filling feets □ Charge feets) indicated below, except feets □ Charge feets indicated below, except feets □ Charge feets indicated below, except feets □ Charge feets indicated below, except f								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		NG PEUS		CH FRES	EXAMINA	ATION FEES		
Application Type	Ecc(5)	Fee Code	Ecc(\$)	Fee Code	Fee(S)	Fee Code	Fee Paid (\$)	
Office	350	1011	500	1111	206	1311	200 2000 201	
Design	200	1012	100	1112	136	1312		
Plani	200	1013	300	1113	166	1313		
Reisser	300	1014	500	1114	600	1314		
Provisional	200	1005	G	0	0	G		
2. EXCESS CLAIM!	FERS							
Fee Description Fee (\$) Fee Code								
bach claim over 20 (including Reissnes)				50	50		1202	
Each independent claim over 3 (including Ressues)				200	200		1203	
Multiple Dependent claims			360	360		1203		
Total Claims Extra Claims			Fee (S)	Fee (S)		Multiple Dependent Claims		
âù	- 20 or 189 s	(33) 3		x \$75.00		Fee	Fee (\$)	
HP = highest number of	liotal claims	paid für, if greater	than 26.					
Intep. Claims		Extra	Claims	Fee (\$)				
3	-3 or HP =	*********		Å				
HP = highest number of	if äwlependent	claims paid for, if	greater than 3.					
3. APPLICATION SI If the specification and a fee dur is \$250 (\$125 ft)	trawings excee	nd 100 sheets of pap for each additional 5	er (excluding ele i) sheets or frace	retromically filed sequently f	sence or compute LS.C. 41(a)(1)(G	r lisnings under 37 (FR) and 37 (FR).16(s).	1.52(e)), the application size	
Total Sheets	Extra:	Sheets	Number of ca	ch additional 50 or	fraction thereof	Fee(\$)	Fee Paid (S)	
. 100 »							×	
4. OTHER FEE(S)							Per Paid (\$)	
Non-linghsh Specification, S130 fee (no small entity discount)								
Other (e.g., late filling surcharge), Reposest For Communed Examination Fee (\$395), Two Months extension of time (\$225) \$529,80								
SUBMITTED BY								
Signature 44,977 Telephone 703-773-4149								

Reg. No (Attorney/Agent) 28,873

Name (Print/Type)

Dale S. Lazar

This collection of information is required by 27 FR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPF) to process on includes a complete distribution of support of the control of the 1901 SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450